

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number _____

Date Received _____

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Piedmont Natural Gas
(Corporation, Individual, Public Agency, or Other Entry)

Street Address: 1915 Rexford Rd.

County: Mecklenburg

City: Charlotte State: N.C. Zip Code: 29211

Tele. No. (Area Code): 704-364-3120

II. LOCATION OF TANK(S)

Facility Name or Company Piedmont Natural Gas

Facility ID # (if available) 0-015234

Street Address or State Road: 250 Linden St.

County: Forsyth City: Winston-Salem Zip Code: 27114

Tele. No. (Area Code): 919 761 8303

III. CONTACT PERSON

Name: Mike Parrott Job Title: Superintendent Telephone Number: (704) 364-3120

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Jones & Frank Corp.

Address: 4240 Morris Field Dr. State: Charlotte, N.C. Zip Code: 28262

Contact: Lance Holycross Phone: 704-393-8542

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>01</u>	<u>6000</u>	<u>Unleaded</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>02</u>	<u>550</u>	<u>Diesel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Michael N. Parrott Superintendent - Maint

*Scheduled Removal Date: 8-19-91

Signature: Michael N. Parrott

Date Submitted: 6-7-91

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.